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Refund Ref:  
10/07/2006

0030061999

January 11, 2007

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Commissioner for Patents  
Washington, DC 20231

VISA....: XXXXXXXXXX9407

RE: Response to Advisory Action dated 10/12/2006 , U. S. Patent Application 10/604,787  
Larry Collum *et al*

Dear Sir:

Accompanying this letter is an amendment and response to Advisory Action dated 10/12/2006 concerning U. S. Patent Application 10/604,787 by Larry Collum *et al* for Golf Clubs and a Method for Using These Golf Clubs.

In response to the Advisory Action dated 10/12/2006, in which a shortened statutory period of three months was set, this submittal is timely.

In response to the Final Office Action dated 7/07/2006, in which a shortened statutory period of three months was set and in accordance with the Advisory Action dated 10/12/2006, this submittal is

late by four (4) months. Enclosed is a petition and credit card payment instructions for \$795.00 in payment of the extension fee in accordance with 37 CFR 1.17(a)(4).

The response does not add claims requiring payment of an additional fee.

Please charge any deficiency in payment or credit any overpayment to deposit account 501470.

Please contact me at 860-930-3074 if you have any questions or comments.

Adjustment date: 10/07/2006 GARIAS  
01/16/2007 SSANDARA 00000003 10604787  
01 FC:2254 -795.00 OP

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/06/08</u>		2 Serial/Patent # <u>10/604,787</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	WFEE	01/11/07	\$ 795.00
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		7 TOTAL AMOUNT OF REFUND	\$ 795.00	
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10 REASON:		<input type="checkbox"/> Treasury Check <u>CC</u> <input checked="" type="checkbox"/> Overpayment <u>Credit Deposit A/C #:</u> <input type="checkbox"/> Duplicate Payment <u>9 5 0 - 1 4 7 0</u> <input checked="" type="checkbox"/> No Fee Due (Explanation):		
EXTENSION OF TIME FILED OUTSIDE MAXIMUM EXTENDABLE PERIOD FOR REPLY.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Andrea M. Smith</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>/Andrea M. Smith/</u>		PHONE: <u>2-3226</u>		
OFFICE: <u>Office of Petitions</u>				
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APPROVED: <u>G. J. Smith, R.O.</u>		DATE: <u>10/07/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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